

Attorney's Docket No. P03149

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

- provisional
- ☒ original
- design
- divisional
- continuation
- continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MYOPIC CORRECTION ENHANCING BIODYNAMIC ABLATION

the specification of which was filed in the United States Patent and Trademark Office on June 27, 2002 as Provisional Serial No. 60/392510.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

- In compliance with this duty, there is attached an information disclosure statement. 37 CFR 1.97.

PRIORITY CLAIM (35 U.S.C. §119

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I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the same application(s) of which priority is claimed.

no such applications have been filed.
x such applications have been filed as follows:

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119

Country	Application Number	Date of Filing (day, month, year)
PCT	PCT/EP03/06778	26 June 2003

**CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S)
UNDER 35 U.S.C. 120**

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national filing date of this application.

		Status (check one)	
U.S. Applications	U.S. Filing Date	Patented	Pending
1. 0/			
2. 0/			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

U.S. Applications	U.S. Filing Date
1. 60/392,510	27 June 2002
2.	

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POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Craig E. Larson, Registration No. 27,917
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DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application of any patent issued thereon.

SIGNATURE(S)

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Inventor's signature _____

Date _____

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